

EXHIBIT "F"  
AFFIDAVIT

THE STATE OF TEXAS

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§

THE COUNTY OF Collin

I, Quinn Spann, a member of the Consultant team, make this affidavit and hereby on oath state the following:

I, and/or a person or persons related to me, have the following interest in a business entity that would be affected by the work or decision on the Project (Check all that apply):

- \_\_\_\_\_ Ownership of 10% or more of the voting shares of the business entity.
- \_\_\_\_\_ Ownership of Twenty Five Thousand and 00/100 Dollars (\$25,000.00) or more of the fair market value of the business entity.
- \_\_\_\_\_ Funds received from the business entity exceed ten percent (10%) of my income for the previous year.
- \_\_\_\_\_ Real property is involved, and I have an equitable or legal ownership with a fair market value of at least Twenty Five Thousand and 00/100 Dollars (\$25,000.00).
- \_\_\_\_\_ A relative of mine has substantial interest in the business entity or property that would be affected by my business decision of the public body of which I am a member.
- \_\_\_\_\_ Other: \_\_\_\_\_
- X None of the Above.

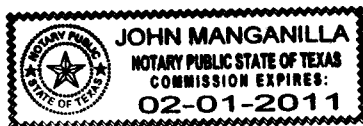
Upon filing this affidavit with the City of Frisco, Texas, I further affirm that no relative of mine, in the first degree by consanguinity or affinity, as defined in Chapter 573 of the Texas Government Code, is a member of a public body which took action on the agreement.

Signed this 3 day of July, 2008.

[Signature]  
Signature of Official / Title

BEFORE ME, the undersigned authority, this day personally appeared Quinn Spann and on oath stated that the facts hereinabove stated are true to the best of his / her knowledge or belief.

Sworn to and subscribed before me on this 3 day of July, 2008.



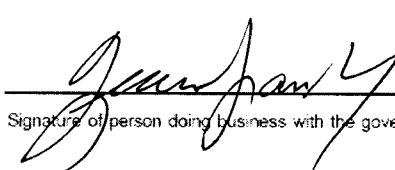
[Signature]  
Notary Public in and for the State of Texas  
My commission expires: 2-1-2011

**EXHIBIT "G"**  
**CONFLICT OF INTEREST QUESTIONNAIRE, FORM CIQ**

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b>		<b>FORM CIQ</b>
<b>For vendor or other person doing business with local governmental entity</b>		<b>OFFICE USE ONLY</b>
<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>		<p>Date Received</p>
<b>1</b> Name of person doing business with local governmental entity.		
<i>GSWW, INC</i>		
<b>2</b>		
<div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/></div><div><p>Check this box if you are filing an update to a previously filed questionnaire.</p><p>(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p></div></div>		
<b>3</b> Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.		
<i>NO</i>		
<b>4</b> Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.		
<i>NO</i>		

Amended 01/13/2008

**EXHIBIT "G"**  
**CONFLICT OF INTEREST QUESTIONNAIRE, FORM CIQ**

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> For vendor or other person doing business with local governmental entity	<b>FORM CIQ</b> Page 2
<b>5</b> Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)  This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.  A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?  <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div> B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?  <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div> C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?  <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div> D. Describe each affiliation or business relationship.  <p style="text-align: center; font-size: 1.2em;">NONE</p>	
<b>6</b> Describe any other affiliation or business relationship that might cause a conflict of interest.  <p style="text-align: center; font-size: 1.2em;">NONE</p>	
<b>7</b> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 50px;"><div style="text-align: center;"> _____ Signature of person doing business with the governmental entity</div><div style="text-align: center;"><p style="font-size: 1.2em;">7-3-08</p> _____ Date</div></div>	

Amended 01/13/2008